

## Massachusetts Department of Public Health

Division of Food and Drugs

## FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

|                        |                    |            |        |  |   |
|------------------------|--------------------|------------|--------|--|---|
| Name                   | Cushing Elementary | Date       | 9/5/19 | Type of Operation(s)                             | Type of Inspection                          |
| Address                | 1 Aberdeen Dr      | Risk Level |        | <input checked="" type="checkbox"/> Food Service | <input checked="" type="checkbox"/> Routine |
| Telephone              | 585 8770           |            |        | <input type="checkbox"/> Retail                  | <input type="checkbox"/> Re-inspection      |
| Owner                  | TOWN               | HACCP Y/N  |        | <input type="checkbox"/> Residential Kitchen     | Previous Inspection Date:                   |
| Person in Charge (PIC) | Janet O'Connor     | Time In:   |        | <input type="checkbox"/> Mobile                  | <input type="checkbox"/> Pre-operation      |
| Inspector              | J Murphy           | Time Out:  |        | <input type="checkbox"/> Temporary               | <input type="checkbox"/> Suspect Illness    |
|                        |                    |            |        | <input type="checkbox"/> Caterer                 | <input type="checkbox"/> General Complaint  |
|                        |                    |            |        | <input type="checkbox"/> Bed & Breakfast         | <input type="checkbox"/> HACCP              |
|                        |                    |            |        | Permit No.                                       | <input type="checkbox"/> Other              |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

- Anti-Choking 590.009 (E) ☐  
 Tobacco 590.009 (F) ☐  
 Allergen Awareness 590.009 (G) ☐

## FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition *Hot*  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures  
☐ 17. Reheating  
☐ 18. Cooling

- ☐ 19. Hot and Cold Holding

- ☐ 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| C | N |  |
|---|---|--|
|   |   | 23. Management and Personnel (FC-2)(590.003)     |
|   |   | 24. Food and Food Protection (FC-3)(590.004)     |
|   |   | 25. Equipment and Utensils (FC-4)(590.005)       |
|   |   | 26. Water, Plumbing and Waste (FC-5)(590.006)    |
|   |   | 27. Physical Facility (FC-6)(590.007)            |
|   |   | 28. Poisonous or Toxic Materials (FC-7)(590.008) |
|   |   | 29. Special Requirements (590.009)               |
|   |   | 30. Other  |

## Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

## DATE OF RE-INSPECTION:

|                        |        |                   |
|------------------------|--------|-------------------|
| Inspector's Signature: | Print: | Page 1 of 1 Pages |
| PIC's Signature:       | Print: |                   |

## Massachusetts Department of Public Health

Division of Food and Drugs

## FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

|   |                        |  |   |
|---|------------------------|--|---|
| Name<br><i>Cushing Elementary</i>               | Date<br><i>3/26/19</i> | Type of Operation(s)<br><input checked="" type="checkbox"/> Food Service | Type of Inspection<br><input checked="" type="checkbox"/> Routine |
| Address<br><i>1 Aberdeen Dr</i>                 | Risk Level             | <input type="checkbox"/> Retail  | <input type="checkbox"/> Re-inspection                            |
| Telephone<br><i>781 545-8770</i>                |                        | <input type="checkbox"/> Residential Kitchen                             | Previous Inspection Date:   |
| Owner<br><i>Town</i>                            | HACCP Y/N              | <input type="checkbox"/> Mobile  | <input type="checkbox"/> Pre-operation                            |
| Person in Charge (PIC)<br><i>Janet O'Connor</i> | Time In:               | <input type="checkbox"/> Temporary                                       | <input type="checkbox"/> Suspect Illness                          |
| Inspector<br><i>J. Murphy</i>                   | Out:                   | <input type="checkbox"/> Caterer   | <input type="checkbox"/> General Complaint                        |
|   |                        | <input type="checkbox"/> Bed & Breakfast                                 | <input type="checkbox"/> HACCP                                    |
|   |                        | Permit No.   | <input type="checkbox"/> Other                                    |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- Anti-Choking 590.009 (E) ☐  
 Tobacco 590.009 (F) ☐  
 Allergen Awareness 590.009 (G) ☐

*FOG LOG***FOOD PROTECTION MANAGEMENT** ☒

- ☐
1. PIC Assigned / Knowledgeable / Duties

- ☐
12. Prevention of Contamination from Hands

- ☐
13. Handwash Facilities

**EMPLOYEE HEALTH** ☒

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

**PROTECTION FROM CHEMICALS** ☒

- ☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

**FOOD FROM APPROVED SOURCE** ☒

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition *Hot*  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- ☐ 16. Cooking Temperatures  
☐ 17. Reheating  
☐ 18. Cooling  
☐ 19. Hot and Cold Holding  
☐ 20. Time As a Public Health Control

*Refrig Temp***PROTECTION FROM CONTAMINATION** ☒

- ☐ 8. Separation/ Segregation/ Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

*\* Clean can opener***REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- ☐
21. Food and Food Preparation for HSP

**CONSUMER ADVISORY** ☒

- ☐
22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| C | N |                                  |                 |
|---|---|----------------------------------|-----------------|
|   |   | 23. Management and Personnel     | (FC-2)(590.003) |
|   |   | 24. Food and Food Protection     | (FC-3)(590.004) |
|   |   | 25. Equipment and Utensils       | (FC-4)(590.005) |
|   |   | 26. Water, Plumbing and Waste    | (FC-5)(590.006) |
|   |   | 27. Physical Facility            | (FC-6)(590.007) |
|   |   | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
|   |   | 29. Special Requirements         | (590.009)       |
|   |   | 30. Other                        |                 |

## Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

*0*

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**DATE OF RE-INSPECTION:**

|   |                         |                                 |
|---|-------------------------|---------------------------------|
| Inspector's Signature: <i>J. Murphy</i> | Print: <i>J. Murphy</i> | Page <i>1</i> of <i>1</i> Pages |
| PIC's Signature:                        | Print:                  |                                 |

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Division of Food and Drugs

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600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

|  |                       |  |   |
|--|-----------------------|--|---|
| Name<br><i>Gates Middle School</i>                 | Date<br><i>9/5/19</i> | Type of Operation(s)<br><input checked="" type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast | Type of Inspection<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Re-inspection<br>Previous Inspection<br>Date:<br><input type="checkbox"/> Pre-operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other |
| Address<br><i>460 First Parish Rd</i>              | Risk Level            | Permit No.   |   |
| Telephone<br><i>545-8260</i>                       |                       |  |   |
| Owner<br><i>TOWN</i>                               | HACCP Y/N             |  |   |
| Person in Charge (PIC)<br><i>Louise Fitzgerald</i> | Time In:              |  |   |
| Inspector<br><i>J Murphy</i>                       | Out:                  |  |   |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated

Non-compliance with:

Anti-Choking 590.009 (E) ☐Tobacco 590.009 (F) ☐Allergen Awareness 590.009 (G) ☐**Violations Related to Foodborne Illness Interventions and Risk Factors**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

|  |  |
|--|--|
| <b>FOOD PROTECTION MANAGEMENT</b> <input checked="" type="checkbox"/>        | <input type="checkbox"/> 12. Prevention of Contamination from Hands                                |
| <input type="checkbox"/> 1. PIC Assigned / Knowledgeable / Duties            | <input type="checkbox"/> 13. Handwash Facilities   |
| <b>EMPLOYEE HEALTH</b> <input checked="" type="checkbox"/>                   | <b>PROTECTION FROM CHEMICALS</b> <input checked="" type="checkbox"/>                               |
| <input type="checkbox"/> 2. Reporting of Diseases by Food Employee and PIC   | <input type="checkbox"/> 14. Approved Food or Color Additives                                      |
| <input type="checkbox"/> 3. Personnel with Infections Restricted/Excluded    | <input type="checkbox"/> 15. Toxic Chemicals   |
| <b>FOOD FROM APPROVED SOURCE</b> <input checked="" type="checkbox"/>         | <b>TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)</b> <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 4. Food and Water from Approved Source              | <input type="checkbox"/> 16. Cooking Temperatures  |
| <input type="checkbox"/> 5. Receiving/Condition <i>Hot</i>                   | <input type="checkbox"/> 17. Reheating   |
| <input type="checkbox"/> 6. Tags/Records/Accuracy of Ingredient Statements   | <input type="checkbox"/> 18. Cooling <i>Refrig Temps</i>   |
| <input type="checkbox"/> 7. Conformance with Approved Procedures/HACCP Plans | <input type="checkbox"/> 19. Hot and Cold Holding  |
| <b>PROTECTION FROM CONTAMINATION</b> <input checked="" type="checkbox"/>     | <input type="checkbox"/> 20. Time As a Public Health Control                                       |
| <input type="checkbox"/> 8. Separation/ Segregation/ Protection              | <b>REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)</b>                                       |
| <input type="checkbox"/> 9. Food Contact Surfaces Cleaning and Sanitizing    | <input type="checkbox"/> 21. Food and Food Preparation for HSP                                     |
| <input type="checkbox"/> 10. Proper Adequate Handwashing                     | <b>CONSUMER ADVISORY</b> <input checked="" type="checkbox"/>                                       |
| <input type="checkbox"/> 11. Good Hygienic Practices                         | <input type="checkbox"/> 22. Posting of Consumer Advisories  |

**Violations Related to Good Retail Practices (Blue Items)**

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| C | N |  |
|---|---|--|
|   |   | 23. Management and Personnel (FC-2)(590.003)     |
|   |   | 24. Food and Food Protection (FC-3)(590.004)     |
|   |   | 25. Equipment and Utensils (FC-4)(590.005)       |
|   |   | 26. Water, Plumbing and Waste (FC-5)(590.006)    |
|   |   | 27. Physical Facility (FC-6)(590.007)            |
|   |   | 28. Poisonous or Toxic Materials (FC-7)(590.008) |
|   |   | 29. Special Requirements (590.009)               |
|   |   | 30. Other  |

**Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):**

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**DATE OF RE-INSPECTION:**

|   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| Inspector's Signature: <i>J Murphy</i>    | Print: <i>J Murphy</i>          | Page <i>1</i> of <i>1</i> Pages |
| PIC's Signature: <i>Louise Fitzgerald</i> | Print: <i>Louise Fitzgerald</i> |                                 |

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Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

|  |                        |  |  |
|--|------------------------|--|--|
| Name<br><i>Gates Middle School</i>                 | Date<br><i>3/19/19</i> | Type of Operation(s)<br><input checked="" type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast | Type of Inspection<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Re-inspection<br>Previous Inspection Date:<br><input type="checkbox"/> Pre-operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other |
| Address<br><i>460 1st Parish</i>                   | Risk Level             | Permit No.   |  |
| Telephone<br><i>781 545-8760</i>                   | HACCP Y/N              |  |  |
| Owner<br><i>Town</i>                               | Time In:<br>Out:       |  |  |
| Person in Charge (PIC)<br><i>Louise Fitzgerald</i> |                        |  |  |
| Inspector<br><i>J. Murphy</i>                      |                        |  |  |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

 Anti-Choking 590.009 (E) ☐  
 Tobacco 590.009 (F) ☐  
 Allergen Awareness 590.009 (G) ☐
**FOOD PROTECTION MANAGEMENT**☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition *Hot*☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/ Segregation/ Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices*\* Hair nets/hats required.***Violations Related to Good Retail Practices (Blue Items)**

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| C | N |  |
|---|---|--|
|   |   | 23. Management and Personnel (FC-2)(590.003)     |
|   |   | 24. Food and Food Protection (FC-3)(590.004)     |
|   |   | 25. Equipment and Utensils (FC-4)(590.005)       |
|   |   | 26. Water, Plumbing and Waste (FC-5)(590.006)    |
|   |   | 27. Physical Facility (FC-6)(590.007)            |
|   |   | 28. Poisonous or Toxic Materials (FC-7)(590.008) |
|   |   | 29. Special Requirements (590.009)               |
|   |   | 30. Other  |

☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories**Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):**

0

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**DATE OF RE-INSPECTION:**

|   |                             |                                 |
|---|-----------------------------|---------------------------------|
| Inspector's Signature: <i>J. Murphy</i> | Print: <i>J. Murphy</i>     | Page <i>1</i> of <i>1</i> Pages |
| PIC's Signature: <i>David Stevens</i>   | Print: <i>David Stevens</i> |                                 |

COPY to all

## THE COMMONWEALTH OF MASSACHUSETTS

## Massachusetts Department of Public Health

Division of Food and Drugs

## FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

|  |                        |  |   |
|--|------------------------|--|---|
| Name<br><i>Katherine Elementary</i>            | Date<br><i>9/12/19</i> | Type of Operation(s)<br><input checked="" type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast | Type of Inspection<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Re-inspection<br>Previous Inspection<br>Date:<br><input type="checkbox"/> Pre-operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other |
| Address<br><i>72 Ann Vinat Rd</i>              | Risk Level             | Permit No.   |   |
| Telephone<br><i>545-8780</i>                   |                        |  |   |
| Owner<br><i>Town</i>                           | HACCP Y/N              |  |   |
| Person in Charge (PIC)<br><i>Donna Demello</i> | Time In:<br>Out:       |  |   |
| Inspector<br><i>J Murphy</i>                   |                        |  |   |

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## Violations Related to Foodborne Illness Interventions and Risk Factors

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐Tobacco 590.009 (F) ☐Allergen Awareness 590.009 (G) ☐FOOD PROTECTION MANAGEMENT ☒☐ 1. PIC Assigned / Knowledgeable / DutiesEMPLOYEE HEALTH ☒☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/ExcludedFOOD FROM APPROVED SOURCE ☒☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition *Hot* ☒☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP PlansPROTECTION FROM CONTAMINATION ☒☐ 8. Separation/ Segregation/ Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash FacilitiesPROTECTION FROM CHEMICALS ☒☐ 14. Approved Food or Color Additives☐ 15. Toxic ChemicalsTIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods) ☒☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health ControlREQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP) ☒☐ 21. Food and Food Preparation for HSPCONSUMER ADVISORY ☒☐ 22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| C | N |  |
|---|---|--|
|   |   | 23. Management and Personnel (FC-2)(590.003)     |
|   |   | 24. Food and Food Protection (FC-3)(590.004)     |
|   |   | 25. Equipment and Utensils (FC-4)(590.005)       |
|   |   | 26. Water, Plumbing and Waste (FC-5)(590.006)    |
|   |   | 27. Physical Facility (FC-6)(590.007)            |
|   |   | 28. Poisonous or Toxic Materials (FC-7)(590.008) |
|   |   | 29. Special Requirements (590.009)               |
|   |   | 30. Other  |

## Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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## DATE OF RE-INSPECTION:

|  |                               |                                 |
|--|-------------------------------|---------------------------------|
| Inspector's Signature: <i>J Murphy</i> | Print: <i>J Murphy</i>        | Page <i>1</i> of <i>1</i> Pages |
| PIC's Signature: <i>Donna Demello</i>  | Print: <i>DONNA M DEMELLO</i> |                                 |

sent

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600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

|  |                        |  |   |
|--|------------------------|--|---|
| Name<br><i>Hathorly Elementary School</i>      | Date<br><i>3/26/19</i> | Type of Operation(s)<br><input checked="" type="checkbox"/> Food Service | Type of Inspection<br><input checked="" type="checkbox"/> Routine |
| Address<br><i>72 Ann Vinet Rd</i>              | Risk Level             | <input type="checkbox"/> Retail  | <input type="checkbox"/> Re-Inspection                            |
| Telephone<br><i>781 585-2780</i>               | HACCP Y/N              | <input type="checkbox"/> Residential Kitchen                             | Previous Inspection Date:   |
| Owner<br><i>TOWN</i>                           | Time In:               | <input type="checkbox"/> Mobile  | <input type="checkbox"/> Pre-operation                            |
| Person in Charge (PIC)<br><i>Donna Demello</i> | Time Out:              | <input type="checkbox"/> Temporary                                       | <input type="checkbox"/> Suspect Illness                          |
| Inspector<br><i>Jo Murphy</i>                  | Permit No.             | <input type="checkbox"/> Caterer   | <input type="checkbox"/> General Complaint                        |
|  |                        | <input type="checkbox"/> Bed & Breakfast                                 | <input type="checkbox"/> HACCP                                    |
|  |                        |  | <input type="checkbox"/> Other                                    |

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Anti-Choking 590.009 (E) ☐Tobacco 590.009 (F) ☐Allergen Awareness 590.009 (G) ☐FOOD PROTECTION MANAGEMENT ☒

- ☐
1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH ☒

- ☐
2. Reporting of Diseases by Food Employee and PIC
- 
- ☐
3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE ☒

- ☐
4. Food and Water from Approved Source
- 
- ☐
5. Receiving/Condition
- 
- ☐
6. Tags/Records/Accuracy of Ingredient Statements
- 
- ☐
7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION ☒

- ☐
8. Separation/ Segregation/ Protection
- 
- ☐
9. Food Contact Surfaces Cleaning and Sanitizing
- 
- ☐
10. Proper Adequate Handwashing
- 
- ☐
11. Good Hygienic Practices

- ☐
12. Prevention of Contamination from Hands

- ☐
13. Handwash Facilities

PROTECTION FROM CHEMICALS ☒

- ☐
14. Approved Food or Color Additives
- 
- ☐
15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods) ☒

- ☐
16. Cooking Temperatures
- 
- ☐
17. Reheating
- 
- ☐
18. Cooling
- 
- ☐
19. Hot and Cold Holding
- 
- ☐
20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐
21. Food and Food Preparation for HSP

CONSUMER ADVISORY ☒

- ☐
22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| C | N |  |
|---|---|--|
|   |   | 23. Management and Personnel (FC-2)(590.003)     |
|   |   | 24. Food and Food Protection (FC-3)(590.004)     |
|   |   | 25. Equipment and Utensils (FC-4)(590.005)       |
|   |   | 26. Water, Plumbing and Waste (FC-5)(590.006)    |
|   |   | 27. Physical Facility (FC-6)(590.007)            |
|   |   | 28. Poisonous or Toxic Materials (FC-7)(590.008) |
|   |   | 29. Special Requirements (590.009)               |
|   |   | 30. Other  |

## Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

|   |                               |                                 |
|---|-------------------------------|---------------------------------|
| Inspector's Signature: <i>Jo Murphy</i> | Print: <i>J Murphy</i>        | Page <i>1</i> of <i>2</i> Pages |
| PIC's Signature: <i>Donna M Demello</i> | Print: <i>Donna M DEMELLO</i> |                                 |

Scituate

Motherly Elementary Date: 3/26/19 Page: 2 of 2

Form 734 B

Send to Dave

THE COMMONWEALTH OF MASSACHUSETTS

Massachusetts Department of Public Health

Division of Food and Drugs

OOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

|                        |                    |            |         |  |  |
|------------------------|--------------------|------------|---------|--|--|
| Name                   | Jenkins Elementary | Date       | 9/12/19 | Type of Operation(s)                             | Type of Inspection                           |
| Address                | 54 Vinal Ave       | Risk Level |         | <input checked="" type="checkbox"/> Food Service | <input checked="" type="checkbox"/> Routine  |
| Telephone              | 781 545 4910       |            |         | <input type="checkbox"/> Retail                  | <input type="checkbox"/> Re-inspection       |
| Owner                  | Town               | HACCP Y/N  |         | <input type="checkbox"/> Residential Kitchen     | <input type="checkbox"/> Previous Inspection |
| Person in Charge (PIC) | Janice Nelson      | Time In:   |         | <input type="checkbox"/> Mobile                  | Date:  |
| Inspector              | J Murphy           | Time Out:  |         | <input type="checkbox"/> Temporary               | <input type="checkbox"/> Pre-operation       |
|                        |                    |            |         | <input type="checkbox"/> Caterer                 | <input type="checkbox"/> Suspect Illness     |
|                        |                    |            |         | <input type="checkbox"/> Bed & Breakfast         | <input type="checkbox"/> General Complaint   |
|                        |                    |            |         | Permit No.                                       | <input type="checkbox"/> HACCP               |
|                        |                    |            |         |  | <input type="checkbox"/> Other               |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐

Tobacco 590.009 (F) ☐

Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☒ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| C | N |  |
|---|---|--|
|   |   | 23. Management and Personnel (FC-2)(590.003)     |
|   |   | 24. Food and Food Protection (FC-3)(590.004)     |
|   |   | 25. Equipment and Utensils (FC-4)(590.005)       |
|   |   | 26. Water, Plumbing and Waste (FC-5)(590.006)    |
|   |   | 27. Physical Facility (FC-6)(590.007)            |
|   |   | 28. Poisonous or Toxic Materials (FC-7)(590.008) |
|   |   | 29. Special Requirements (590.009)               |
|   |   | 30. Other  |

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

|                                 |                 |                   |
|---------------------------------|-----------------|-------------------|
| Inspector's Signature: J Murphy | Print: J Murphy | Page 1 of 1 Pages |
| PIC's Signature: Janice Nelson  | Print:          |                   |

Send

## Massachusetts Department of Public Health

Division of Food and Drugs

## FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

|  |                        |  |  |
|--|------------------------|--|--|
| Name<br><i>Jenkins Elementary</i>              | Date<br><i>3/20/19</i> | Type of Operation(s)<br><input checked="" type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast | Type of Inspection<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Re-inspection<br>Previous Inspection Date:<br><input type="checkbox"/> Pre-operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other |
| Address<br><i>54 Vinal Ave</i>                 | Risk Level             | Permit No.   |  |
| Telephone<br><i>781 545-4910</i>               | HACCP Y/N              |  |  |
| Owner<br><i>Town</i>                           | Time In: Out:          |  |  |
| Person in Charge (PIC)<br><i>Janice Nelson</i> |                        |  |  |
| Inspector<br><i>J. Murphy</i>                  |                        |  |  |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- Anti-Choking 590.009 (E) ☐  
Tobacco 590.009 (F) ☐  
Allergen Awareness 590.009 (G) ☐

**FOOD PROTECTION MANAGEMENT**

- ☐
1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition *Hot*  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

- ☐ 8. Separation/ Segregation/ Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

- ☐
12. Prevention of Contamination from Hands

- ☐
13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

- ☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- ☐ 16. Cooking Temperatures  
☐ 17. Reheating  
☐ 18. Cooling  
☐ 19. Hot and Cold Holding  
☐ 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- ☐
21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- ☐
22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| C | N |  |
|---|---|--|
|   |   | 23. Management and Personnel (FC-2)(590.003)     |
|   |   | 24. Food and Food Protection (FC-3)(590.004)     |
|   |   | 25. Equipment and Utensils (FC-4)(590.005)       |
|   |   | 26. Water, Plumbing and Waste (FC-5)(590.006)    |
|   |   | 27. Physical Facility (FC-6)(590.007)            |
|   |   | 28. Poisonous or Toxic Materials (FC-7)(590.008) |
|   |   | 29. Special Requirements (590.009)               |
|   |   | 30. Other  |

**Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):**

0

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**DATE OF RE-INSPECTION:**

|   |                             |                                 |
|---|-----------------------------|---------------------------------|
| Inspector's Signature: <i>J. Murphy</i> | Print: <i>J. Murphy</i>     | Page <i>1</i> of <i>1</i> Pages |
| PIC's Signature: <i>Janice Nelson</i>   | Print: <i>Janice Nelson</i> |                                 |

## TOWN OF

Situation

Jenkins School

Date: 3/28/19

Page: 2 of 2

## Massachusetts Department of Public Health

Division of Food and Drugs

## FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

|                        |                |            |        |  |   |
|------------------------|----------------|------------|--------|--|---|
| Name                   | Scituate H.S.  | Date       | 9/5/19 | Type of Operation(s)                             | Type of Inspection                          |
| Address                | 606 CJC Hwy    | Risk Level |        | <input checked="" type="checkbox"/> Food Service | <input checked="" type="checkbox"/> Routine |
| Telephone              | 545 8750       |            |        | <input type="checkbox"/> Retail                  | <input type="checkbox"/> Re-inspection      |
| Owner                  | Town           | HACCP Y/N  |        | <input type="checkbox"/> Residential Kitchen     | Previous Inspection Date:                   |
| Person in Charge (PIC) | Cathy Epervary |            |        | <input type="checkbox"/> Mobile                  | <input type="checkbox"/> Pre-operation      |
| Inspector              | J Murphy       | Time In:   |        | <input type="checkbox"/> Temporary               | <input type="checkbox"/> Suspect Illness    |
|                        |                | Time Out:  |        | <input type="checkbox"/> Caterer                 | <input type="checkbox"/> General Complaint  |
|                        |                |            |        | <input type="checkbox"/> Bed & Breakfast         | <input type="checkbox"/> HACCP              |
|                        |                |            |        | Permit No.                                       | <input type="checkbox"/> Other              |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐Tobacco 590.009 (F) ☐Allergen Awareness 590.009 (G) ☐FOOD PROTECTION MANAGEMENT ☒☐ 1. PIC Assigned / Knowledgeable / DutiesEMPLOYEE HEALTH ☒☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/ExcludedFOOD FROM APPROVED SOURCE ☒☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition

Hot ✓

☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP PlansPROTECTION FROM CONTAMINATION ☒☐ 8. Separation/ Segregation/ Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash FacilitiesPROTECTION FROM CHEMICALS ☒☐ 14. Approved Food or Color Additives☐ 15. Toxic ChemicalsTIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods) ☒☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control

Refrig Temps ✓

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSPCONSUMER ADVISORY ☒☐ 22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| C | N |  |
|---|---|--|
|   |   | 23. Management and Personnel (FC-2)(590.003)     |
|   |   | 24. Food and Food Protection (FC-3)(590.004)     |
|   |   | 25. Equipment and Utensils (FC-4)(590.005)       |
|   |   | 26. Water, Plumbing and Waste (FC-5)(590.006)    |
|   |   | 27. Physical Facility (FC-6)(590.007)            |
|   |   | 28. Poisonous or Toxic Materials (FC-7)(590.008) |
|   |   | 29. Special Requirements (590.009)               |
|   |   | 30. Other  |

## Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

|                       |                           |                   |
|-----------------------|---------------------------|-------------------|
| Inspector's Signature | Print: J Murphy           | Page 1 of 1 Pages |
| PIC's Signature       | Print: Catherine Epervary |                   |

## Massachusetts Department of Public Health

Division of Food and Drugs

## FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

|   |                        |  |   |
|---|------------------------|--|---|
| Name<br><i>Scituate High School</i>             | Date<br><i>3/19/19</i> | Type of Operation(s)<br><input checked="" type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast | Type of Inspection<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Re-inspection<br>Previous Inspection<br>Date:<br><input type="checkbox"/> Pre-operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other |
| Address<br><i>600 CJC Hwy</i>                   | Risk Level             | Permit No.   |   |
| Telephone<br><i>781 545-8750</i>                | HACCP Y/N              |  |   |
| Owner<br><i>School</i>                          | Time In:<br>Out:       |  |   |
| Person in Charge (PIC)<br><i>Cathy Epervary</i> |                        |  |   |
| Inspector<br><i>J Murphy</i>                    |                        |  |   |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

## Violations Related to Foodborne Illness Interventions and Risk Factors

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐  
 Tobacco 590.009 (F) ☐  
 Allergen Awareness 590.009 (G) ☐

|  |  |
|--|--|
| <b>FOOD PROTECTION MANAGEMENT</b> <input checked="" type="checkbox"/>        | <input type="checkbox"/> 12. Prevention of Contamination from Hands                                |
| <input type="checkbox"/> 1. PIC Assigned / Knowledgeable / Duties            | <input type="checkbox"/> 13. Handwash Facilities   |
| <b>EMPLOYEE HEALTH</b> <input checked="" type="checkbox"/>                   | <b>PROTECTION FROM CHEMICALS</b> <input checked="" type="checkbox"/>                               |
| <input type="checkbox"/> 2. Reporting of Diseases by Food Employee and PIC   | <input type="checkbox"/> 14. Approved Food or Color Additives                                      |
| <input type="checkbox"/> 3. Personnel with Infections Restricted/Excluded    | <input type="checkbox"/> 15. Toxic Chemicals   |
| <b>FOOD FROM APPROVED SOURCE</b> <input checked="" type="checkbox"/>         | <b>TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)</b> <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 4. Food and Water from Approved Source              | <input type="checkbox"/> 16. Cooking Temperatures  |
| <input type="checkbox"/> 5. Receiving/Condition <i>Hot</i>                   | <input type="checkbox"/> 17. Reheating   |
| <input type="checkbox"/> 6. Tags/Records/Accuracy of Ingredient Statements   | <input type="checkbox"/> 18. Cooling   |
| <input type="checkbox"/> 7. Conformance with Approved Procedures/HACCP Plans | <input type="checkbox"/> 19. <i>Hot and Cold Holding</i>   |
| <b>PROTECTION FROM CONTAMINATION</b> <input checked="" type="checkbox"/>     | <input type="checkbox"/> 20. Time As a Public Health Control                                       |
| <input type="checkbox"/> 8. Separation/ Segregation/ Protection              | <b>REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)</b>                                       |
| <input type="checkbox"/> 9. Food Contact Surfaces Cleaning and Sanitizing    | <input type="checkbox"/> 21. Food and Food Preparation for HSP                                     |
| <input type="checkbox"/> 10. Proper Adequate Handwashing                     | <b>CONSUMER ADVISORY</b> <input checked="" type="checkbox"/>                                       |
| <input type="checkbox"/> 11. Good Hygienic Practices                         | <input type="checkbox"/> 22. Posting of Consumer Advisories  |

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| C | N |  |
|---|---|--|
|   |   | 23. Management and Personnel (FC-2)(590.003)     |
|   |   | 24. Food and Food Protection (FC-3)(590.004)     |
|   |   | 25. Equipment and Utensils (FC-4)(590.005)       |
|   |   | 26. Water, Plumbing and Waste (FC-5)(590.006)    |
|   |   | 27. Physical Facility (FC-6)(590.007)            |
|   |   | 28. Poisonous or Toxic Materials (FC-7)(590.008) |
|   |   | 29. Special Requirements (590.009)               |
|   |   | 30. Other  |

## Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

## DATE OF RE-INSPECTION:

|  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| Inspector's Signature: <i>J Murphy</i> | Print: <i>J Murphy</i>           | Page <i>1</i> of <i>1</i> Pages |
| PIC's Signature: <i>Cathy Epervary</i> | Print: <i>Catherine Epervary</i> |                                 |

# Satwite

575

Date: 3/19/19

Page: 2 of       

2

[illegible]

# Massachusetts Department of Public Health

Division of Food and Drugs

## FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

|  |                        |  |  |
|--|------------------------|--|--|
| Name<br><i>Wampatuck Elementary</i>          | Date<br><i>9/12/19</i> | Type of Operation(s)<br><input checked="" type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast | Type of Inspection<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Re-inspection<br>Previous Inspection Date:<br><input type="checkbox"/> Pre-operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other |
| Address<br><i>266 Tilden Rd</i>              | Risk Level             | Permit No.   |  |
| Telephone<br><i>545 8790</i>                 | HACCP Y/N              |  |  |
| Owner<br><i>Town</i>                         | Time In:<br>Out:       |  |  |
| Person In Charge (PIC)<br><i>Rose Gratta</i> |                        |  |  |
| Inspector<br><i>J Murphy</i>                 |                        |  |  |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

### Violations Related to Foodborne Illness Interventions and Risk Factors

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
Anti-Choking 590.009 (E) ☐  
Tobacco 590.009 (F) ☐  
Allergen Awareness 590.009 (G) ☐

### FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

### EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition *Hot OK*  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

### PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/ Segregation/ Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands  
☐ 13. Handwash Facilities

### PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures  
☐ 17. Reheating *Refrig Temp*  
☐ 18. Cooling *OK*  
☐ 19. Hot and Cold Holding  
☐ 20. Time As a Public Health Control

### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

### CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

### Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| C | N |  |
|---|---|--|
|   |   | 23. Management and Personnel (FC-2)(590.003)     |
|   |   | 24. Food and Food Protection (FC-3)(590.004)     |
|   |   | 25. Equipment and Utensils (FC-4)(590.005)       |
|   |   | 26. Water, Plumbing and Waste (FC-5)(590.006)    |
|   |   | 27. Physical Facility (FC-6)(590.007)            |
|   |   | 28. Poisonous or Toxic Materials (FC-7)(590.008) |
|   |   | 29. Special Requirements (590.009)               |
|   |   | 30. Other  |

### Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

|  |                              |                                 |
|--|------------------------------|---------------------------------|
| Inspector's Signature<br><i>J Murphy</i> | Print:<br><i>J Murphy</i>    | Page <i>1</i> of <i>1</i> Pages |
| PIC's Signature<br><i>Rose Gratta</i>    | Print:<br><i>Rose Gratta</i> |                                 |

## Massachusetts Department of Public Health

Division of Food and Drugs

## FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

|  |                        |  |   |
|--|------------------------|--|---|
| Name<br><i>Wampatuck Elementary</i>          | Date<br><i>3/26/19</i> | Type of Operation(s)<br><input checked="" type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast | Type of Inspection<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Re-inspection<br>Previous Inspection<br>Date:<br><input type="checkbox"/> Pre-operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other |
| Address<br><i>266 Tilden Rd</i>              | Risk Level             | Permit No.   |   |
| Telephone<br><i>266 545 5780</i>             |                        |  |   |
| Owner<br><i>Town</i>                         | HACCP Y/N              |  |   |
| Person in Charge (PIC)<br><i>Rose Grette</i> | Time In:<br>Out:       |  |   |
| Inspector<br><i>J. Murphy</i>                |                        |  |   |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐  
 Tobacco 590.009 (F) ☐  
 Allergen Awareness 590.009 (G) ☐

*certificate expired - renew*

|   |  |
|---|--|
| <b>FOOD PROTECTION MANAGEMENT</b><br><input type="checkbox"/> 1. PIC Assigned / Knowledgeable / Duties  | <input type="checkbox"/> 12. Prevention of Contamination from Hands<br><input type="checkbox"/> 13. Handwash Facilities  |
| <b>EMPLOYEE HEALTH</b><br><input type="checkbox"/> 2. Reporting of Diseases by Food Employee and PIC<br><input type="checkbox"/> 3. Personnel with Infections Restricted/Excluded   | <b>PROTECTION FROM CHEMICALS</b><br><input type="checkbox"/> 14. Approved Food or Color Additives<br><input type="checkbox"/> 15. Toxic Chemicals  |
| <b>FOOD FROM APPROVED SOURCE</b><br><input type="checkbox"/> 4. Food and Water from Approved Source <i>Hot</i><br><input type="checkbox"/> 5. Receiving/Condition<br><input type="checkbox"/> 6. Tags/Records/Accuracy of Ingredient Statements<br><input type="checkbox"/> 7. Conformance with Approved Procedures/HACCP Plans                                     | <b>TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)</b><br><input type="checkbox"/> 16. Cooking Temperatures<br><input type="checkbox"/> 17. Reheating<br><input type="checkbox"/> 18. Cooling <i>Refrig Temps</i><br><input type="checkbox"/> 19. Hot and Cold Holding<br><input type="checkbox"/> 20. Time As a Public Health Control |
| <b>PROTECTION FROM CONTAMINATION</b><br><input type="checkbox"/> 8. Separation/ Segregation/ Protection<br><input type="checkbox"/> 9. Food Contact Surfaces Cleaning and Sanitizing<br><input type="checkbox"/> 10. Proper Adequate Handwashing<br><input type="checkbox"/> 11. Good Hygienic Practices <i>Hair nets</i><br><i>* discussed</i> <i>Shower guard</i> | <b>REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)</b><br><input type="checkbox"/> 21. Food and Food Preparation for HSP   |
|   | <b>CONSUMER ADVISORY</b><br><input type="checkbox"/> 22. Posting of Consumer Advisories  |

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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|   |   | 29. Special Requirements (590.009)               |
|   |   | 30. Other  |

*\*\* walk-in freezer - all items to shelves*

## Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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| PIC's Signature: <i>Rose Grette</i>     | Print: <i>Rose Grette</i> |                                 |